



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

SPECIAL NURSING IN HOSPITALS

DEAR EDITOR: Having just received my July JOURNAL, I opened it at Editorial Comment, and my attention was directed to the letter by X. Y. Z. I immediately passed over all the excellent articles on the intervening pages and turned to Letters to the Editor, as I often do, to enjoy them first. I believe I have learned to love the JOURNAL more than any other publication I read, for it seems the only tie between my own little nursing career and the great profession in general.

Having been a private duty nurse for over three years, the problems of the private nurses, as described in the Letters have been of great interest to me, and especially this one from X. Y. Z.

In this city there is a fine hospital, and there are about fifty graduate nurses, but as there is no city or county organization, it is difficult for them to get acquainted. In the hospital there is no provision made for the comfort of the graduate special nurse after a cot has been placed in her patient's room for her. Some of the private rooms are so tiny that there is not room for the cot with the usual room furnishings, so the nurse's only means of relaxation during the day time must be bundled out of the room, to be brought back the last thing at night, when the visitors have left and the weary nurse thinks her patient may not need constant waiting on. When I was with my last patient there, a man, I had no place to dress but a very small nurse's toilet room or the sun parlor at the end of a corridor. As neither could be locked I was liable to intrusion at any time. Of course there was no screen between my patient's bed and my cot, nor any room for one, and I had to be up many times during the night. There is no provision made by the superintendent of nurses for relief for the special nurses, and if a "special" happens to have a critical patient whom she does not care to leave in charge of some visiting member of the family, or of some probationer on the floor, there is no way but to remain on duty till worn out. Occasionally some good-natured pupil nurse will answer a patient's bell in my absence.

Of course one does not expect the quiet and consideration for a tired nurse in a hospital that she might receive in a private home, but in a hospital where there is no regulation of visiting hours, and where people are coming and going at all times, the hours of sleep are shortened for either a nervous patient or a nurse. I am willing to submit to a good many unpleasant things in my profession for love of the work, for I did not have to become a nurse, but there is a limit to almost any one's patience and endurance. I cannot complain of such things to any one but fellow nurses, who have some understanding of such a situation.

The last straw is that nurses are expected to work in the hospital for \$21 a week, because the patient must pay for the nurse's board in addition to the charge for room, and if the nurse charges her full \$25 it is too hard for the patient. They charge the patient \$15 a week for a pupil special nurse, when then can spare one, and the pupil may not have been inside the hospital a year, but a graduate of three long, hard years of training is worth only \$6 a week more, because the patient must pay her board extra. Do special nurses on twenty-two hour duty generally work for less in hospitals than in private homes? What are the usual rates where a nurse goes on a case for a few days, any time less than a week?

Z. Y. X.